

KNOW ALL PERSONS that I, _____, of _____,
Parent/Guardian Name Address

Appoint _____, of _____, to be my
Appointee Address

lawful attorney-in-fact (the Agent or Attorney-in-Fact) regarding my minor child:

_____ born on _____
Minor's Full Name Date of Birth

I hereby grant to the Attorney-in-Fact, all of my powers regarding the care and custody of the above-named child, except my power to consent to marriage or adoption of my minor child and my power to sell, transfer, convey or otherwise manage any real or personal property belonging to my minor child, as specified below:

- Obtain medical, dental, and mental health treatment and make health care decisions on behalf of the child
-Provide for the child's food, lodging, housing, recreation, and travel
-Temporary guardianship during the travel dates listed

If it is necessary to reach me at any time while this power of attorney is in effect, I may be reached at:

_____ or _____
Phone Number Email

The rights, power and authority herein granted shall remain in full force from _____ until
Start Date
one of the following events occurs: the termination date of (end of day) _____, terminated
End Date
as required by state law, or terminated by a written Revocation of Power of Attorney signed by me, whichever happens first. This Power of Attorney shall not be affected by my disability or incapacity. The authority herein granted to my Attorney-in-Fact, is exercisable by him or her, notwithstanding my later disability or incapacity or later uncertainty as to whether I am dead or alive.

I hereby release from liability any individual, business, or health care provider providing medical care in reliance on this document from liability relating to acceptance of this form and the Attorney In-Fact's consent.

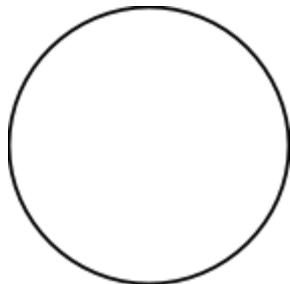
IN WITNESS WHEREOF I have hereunto set my signature this ____ day of _____, 20 ____.

Parent/Guardian Signature

STATE OF TENNESSEE, COUNTY OF MONTGOMERY, ss:

On this ____ day of _____, _____, before me personally appeared

(Parent/Guardian), to me known to be the person described in and who executed the foregoing instrument, and acknowledged that he/she executed same as his/her free act and deed.



(Notary Seal)

Notary Public

Title (and Rank)

My commission expires _____